## 

Attorney or Party without Attorney:				For Court Use Only
Edward Y. Kroub				
Mizrahi Kroub LLP				
200 Vesey Street, 24th Floor				
New York, NY 10281				
Telephone No: 212-595-6200 FAX No: 212-595-9700				
	F	Ref. No. or File No.:		
Attorney for: Plaintiff				
Insert name of Court, and Judicial District and Branch Court:				
United States District Court - Southern District Of New York				
Plaintiff: Dilenia Paguada, et al.				
Defendant: Beauty Care Choices				
PROOF OF SERVICE	Hearing Date:	Time:	Dept/Div:	Case Number:
Summons & Complaint				22CV02160ER

- 1. At the time of service I was at least 18 years of age and not a party to this action.
- 2. I served copies of the Summons in a Civil Action; Civil Cover Sheet; Class Action Complaint for Violations of the Americans with Disabilities Act of 1990 and New York City Human Rights Law.
- 3. a. Party served:

**Beauty Care Choices** 

b. Person served:

David Paul Coy, Agent for Service

4. Address where the party was served:

2962 Cascade Blvd Shasta Lake, CA 96019

5. I served the party:

- a. by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive process for the party (1) on: Fri., Apr. 01, 2022 (2) at: 11:29AM
- 7. Person Who Served Papers:

a. James Siekers

- b. Class Action Research & LitigationP O Box 740Penryn, CA 95663
- c. (916) 663-2562, FAX (916) 663-4955

Recoverable Cost Per CCP 1033.5(a)(4)(B)

- d. The Fee for Service was:
- e. I am: (3) registered California process server
  - (i) Independent Contractor
  - (ii) Registration No.:

279

(iii) County:

Shasta

8. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: Mon, Apr. 04, 2022

Judicial Council Form Rule 2.150.(a)&(b) Rev January 1, 2007 PROOF OF SERVICE Summons & Complaint

James La Lul

edykro.231341